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MAR 28 2005

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207 7590 01/06/2005

**WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI
LLP
TEN POST OFFICE SQUARE
BOSTON, MA 02109**

03/29/2005 RMEBRAH1 00000055 10016540

01 FC:1501	1400.00 OP
02 FC:8001	30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,540	10/26/2001	Lawrence Aaron Boxer	AMCC-001XX	7896

TITLE OF INVENTION: PARALLEL DATA BUS WITH BIT POSITION ENCODED ON THE CLOCK WIRE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	04/06/2005

EXAMINER	ART UNIT	CLASS-SU BCCLASS
NGUYEN, MIKE	2182	710-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
- Weingarten, Schurgin, Gagnebin & Lebovici LLP**
- 3 _____

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

APPLIED MICRO CIRCUITS CORPORATION

San Diego, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies **10**

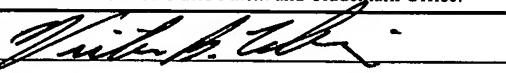
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **23-0804** (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **3-25-05**

Typed or printed name **Victor B. Lebovici**

Registration No. **30,864**

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